

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-S99437

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
	1		1			
2		1		1		
3				1		
4					1	
5					1	
6					1	
7					1	
8					1	
9					1	
10				1		
11					1	
12					1	
13	1				1	
14	1				1	
15	2				C	
16	1				C	
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50						
TOTAL IND.	3		4			
TOTAL DEP.	19		10			
TOTAL CLAIMS	14		14			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						